

PARTICIPANT TYPE.....	ALL
HIGH RISK.....	YES

**RISK DESCRIPTION:**

Diabetes mellitus consists of a group of metabolic diseases characterized by inappropriate hyperglycemia resulting from defects in insulin secretion, insulin action or both. This includes type 1 diabetes mellitus, type 2 diabetes mellitus, and Maturity Onset Diabetes of the Young (MODY). MODY is a series of familial disorders characterized by early onset and mild hyperglycemia.

Presence of diabetes mellitus diagnosed by a physician as self-reported by applicant, participant, or caregiver; or as reported or documented by a physician, or someone working under physician's orders

Diabetes mellitus is diagnosed by a licensed medical provider using one of the following methods:

- Fasting plasma glucose  $\geq 126$  mg/dL (7.0 mmol/L). Fasting is defined as no caloric intake for at least 8 hours.
- Symptoms of hyperglycemia (excessive passage of urine, excessive thirst, unexplained weight loss) plus casual plasma glucose concentration  $\geq 200$  mg/dL (11.1 mmol/L). Casual implies any time of day without regard to time since last meal.
- Two-hour plasma glucose  $\geq 200$  mg/dL (11.1 mmol/L) during a 75-gram oral glucose tolerance test (OGTT).
- In the absence of unequivocal hyperglycemia, these criteria should be confirmed by repeat testing on a different day. OGTT is not recommended for routine clinical use.

**ASK ABOUT:**

- Attitude and knowledge about condition and treatment plans including diet, physical activity, and medications
- Barriers to following treatment plan (e.g., health beliefs, religious or cultural practices, finances, access to follow-up health care)
- Weight history and weight goal
- Metabolic control including blood sugar levels, blood lipids, and blood pressure
- Frequency of self-monitoring of blood glucose
- Access to medical nutrition therapy provided by a registered dietitian

### **ASK ABOUT (CON'T):**

- Typical dietary intake including:
  - Carbohydrate
  - Saturated fat, trans fat and dietary cholesterol
  - Fiber
  - Consistency of carbohydrate intake from day to day
  - Meal and snack pattern
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Food-medication interactions
- Physical activity patterns

### **NUTRITION COUNSELING/EDUCATION TOPICS:**

- Identify the WIC foods that are consistent with the treatment plan.
- Provide counseling messages that support the medical nutrition therapy initiated by the primary care provider and clinical dietitian.
- The chronic hyperglycemia of diabetes is associated with complications including retinopathy with potential loss of vision; nephropathy leading to renal failure; peripheral neuropathy with risk of foot ulcers, amputations and Charcot joints; and autonomic neuropathy causing gastrointestinal, genitourinary, cardiovascular symptoms and sexual dysfunction.
- Reinforce counseling messages about reducing saturated fat, trans fat and dietary cholesterol. Individuals with diabetes have an increased incidence of atherosclerotic cardiovascular, peripheral arterial and cerebrovascular diseases.
- Reinforce dietary strategies to improve blood pressure control. Hypertension and abnormalities of lipoprotein metabolism are often found in people with diabetes.
- Modest weight loss has been shown to improve insulin resistance in overweight and obese insulin-resistant individuals.
- Some products containing FDA-approved non-nutritive sweeteners may contain energy and carbohydrate from other sources that must be accounted for in the meal plan.
- Regular physical activity (defined as 90-150 minutes of accumulated moderate intensity aerobic activity):
  - Improves insulin sensitivity and decreases risk for cardiovascular disease in individuals with type 2 diabetes.
  - Decreases risk for cardiovascular disease and improves sense of well-being for individuals with type 1 diabetes.

<b>POSSIBLE REFERRALS:</b>
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- If the participant is taking any non-prescribed vitamin or mineral supplements, herbal supplements, or targeted nutrition therapy products, advise discussing these with the primary care provider.
- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider or a clinical dietitian with expertise in this area of practice.
- If the participant does not have an ongoing source of health care, refer to primary care providers in the community or local public health.
- Refer infants and children to the Children's Special Health Services program (<http://www.ndhealth.gov/cshs/>).